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and a sport more incompany rection 1995, the person are required to						respond to a collection of information unless it displays a valid OMB control number. Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL					Applica	tion Nur	· ·		9/835,515-Conf. #5684		
								April 17, 2001			
								C. G. THOMAS			
For FY 2007					Examiner Name S			S. P. Huynh			
Applicant claims small entity status. See 37 CFR 1.27					Art Unit 2			2623			
TOTAL AMOUNT OF PAYMENT (\$) 120.00					Attorney Docket No. 2			2916-0133P			
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing									filing fee		
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
					ARCH FEES EXAMIN			NATION FEES			
Application Ty	rpe Fe	e (\$)	Small Entity Fee (\$)	Fee (\$		l Entity e (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	id (\$)	
Utility		00	150	500		50	200	100	rees ra	<u>iu (a)</u>	
Design		00	100	100	-	50	130	65			
Plant		00	100	300	1	50	160	80			
Reissue		00	150	500		50	600	300			
Provisional	_	00	100	0		0	000	0			
2. EXCESS CLA		00	100	U		v	U	U			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)											
Each claim over 20 (including Reissues)								50	25		
Each independent claim over 3 (including Reissues)									200	100	
Multiple dependent claims									360	180	
Total Claims			Fee F	Paid (\$) Multi			ultiple Depend	Itiple Dependent Claims			
34	43 =	x =			<u>Fer</u>			ee (\$) Fee Paid (\$)			
HP = highest numb	per of total claims pai	d for, if gre	ater than 20.								
Indep. Claims	Extra Claim	<u> </u>	ee (\$)	Fee F	aid (\$)						
	er of independent cl	x aims paid i	for, if greater than	n 3.							
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =											
- 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)											
	-,								1 003 11	aiu (<u>4)</u>	
Other (e.g., la	ate filing surchar	ge): <u>12</u>	51 Extension	n for res	ponse v	vithin fi	rst month		120.	.00	
SUBMITTED BY	0										
Signature Registration No. (Attorney/Agent)							40,953	Telephone	(703) 205-	8000	
lame (Print/Type) Esther H. Chong							Date	May 24, 2007			